STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dependent Support Form

Date _____
Name of Applicant _____
Address of Applicant _____
Date of Birth: _____

If applicant has no means of support please indicate the current living arrangement:

☐ Permanent House Guest
☐ Temporary House Guest
☐ Guest in a Rental Home (no fee)
☐ Transitional Housing (no fee)
☐ Cash Assistance
☐ Other:_____

The person providing support for the above applicant certifies the following:
I, _____, hereby affirm, under penalty of perjury, that I have been the sole support of the person named above and to the best of my knowledge declare that his person has no other primary means of support.

I have provided support (cash or room and board) since: _____
Provider's name (please print) _____
Relation to applicant: _____
Address: _____
Telephone number: _____
Provider's signature: _____